

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/573317
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.			↓	6	↓	↓	
TOTAL DEP.			←	23	←	←	
TOTAL CLAIMS			99				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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99							
100							
TOTAL IND.					↓	↓	
TOTAL DEP.			←	←	←	←	
TOTAL CLAIMS			99				